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TRANSACTIONS

OF

THE SIXTH ANNUAL MEETING

OF

THE MEDICAL SOCIETY

OF

THE STATE OF NORTH CAROLINA,

HELD AT

SALISBURY, N. C., MAY, 1855.

WILMINGTON, N. C.:
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1856.

MINUTES

OF THE

PROCEEDINGS OF THE MEDICAL SOCIETY

OF

THE STATE OF NORTH CAROLINA.

SALISBURY, N. C., Tuesday, May 15th, 1855.

The Medical Society of the State of North Carolina, according to adjournment at its last annual meeting in Raleigh, convened to-day, at 3 o'clock, P. M., in Murphy's Hall.

The President, Dr. J. H. DICKSON, of Wilmington, was absent; whereupon, Vice President Dr. OWEN HADLEY, of Richmond, took the chair and called the Society to order.

The Secretary, Dr. S. S. Satchwell, of New Hanover, being absent on account of indisposition, Dr. Hugh Kelly, of Statesville, was appointed Secretary *pro tem.* The Secretary called the roll, and the following officers and members were present.

OFFICERS:	MEMBERS:
Dr. OWEN HADLEY, Vice President,	Dr. C. E. Johnson,
Dr. H. KELLY, do. do.	Dr. W. H. McKee,
Dr. J. B. DUNN, Treasurer.	Dr. John Swann.

A Committee on Credentials, consisting of the above named members, was appointed. They were allowed until to-morrow to report.

Moved, that the Annual Address, by Dr. N. J. Pittman, of Tarboro', be delivered to-morrow, at 3 o'clock, P. M., in this Hall, and that the public be invited to attend. Carried.

The Society then adjourned until to-morrow, at 9 o'clock, A. M.

WEDNESDAY, 9 o'clock, A. M., May 16th.

The Society met according to adjournment; the President, Dr. J. H. Dickson, being present, took the chair and called the Society to order.

The minutes of the previous meeting were read and approved.

The Committee on Credentials being called on, submitted the following report, which was adopted:

To the Medical Society of the State of North Carolina:

The Committee on Credentials report the following gentlemen as properly accredited Delegates to this meeting:

Dr. J. G. Ramsay,.....Rowan County Medical Society,
" M. Whitehead..... " " " "
" A. M. Nesbitt,..... " " " "
" J. L. Henderson,....Cabarrus County Medical Society,
" A. C. McRee,..... " " " "
" N. J. Pittman,.....Edgecombe " " "

The following gentlemen are recommended for admission as permanent members of the Society, viz:

Dr. E. R. Gibson,.....Cabarrus County,
" F. M. Henderson,..... " "
" A. C. McRee,..... " "
" J. L. Henderson,..... " "
" A. M. Nesbitt,.....Rowan County,
" M. Whitehead,..... " "
" J. J. Summerell,..... " "
" J. G. Ramsay,..... " "
" P. E. Hines,.....Wake County,
" R. F. Hackett,.....Wilkesboro',
" L. J. Bingham,.....

The following gentlemen are recommended for election, as honorary members, viz:

Dr. Alexander Long,.....Rowan County,
" A. M. Henderson..... " "
" E. Sill,..... " "

Respectfully summitted,

W. H. McKEE,
C. E. JOHNSON, } *Committee.*
H. KELLY,

Salisbury, May 16th, 1855.

The permanent members elect came forward, signed the Constitution and By-Laws, and paid their initiation fees.

The President announced the appointment of the following Committees :

On Nominations: Drs. Owen Hadley, W. H. McKee and J. J. Summerell.

On Finance: Drs. C. E. Johnson, A. M. Nesbitt and P. E. Hines.

On Constitutions and By-Laws of Auxiliary Societies: Drs. N. J. Pittman, A. C. McRee, and F. M. Henderson.

The President called for reports from Standing Committees.

Dr. C. E. Johnson, Chairman of the Committee on Practice, made an interesting verbal report on Scarlatina, Measles, and Erysipelas, advancing some new ideas in the treatment of the two former of these diseases. The Committee was continued and on motion of Dr. McRee, Dr. Johnson was excused from serving longer as Chairman.

Dr. N. J. Pittman, Chairman of the Committee on Surgery, read a paper on Surgical cases. Dr. Pittman, on motion of Dr. Johnson, was requested to furnish a copy to the Secretary for publication with the proceedings. (See Appendix A.)

Dr. W. G. Thomas, Chairman of the Committee on Obstetrics, who was absent, requested the Society, through Dr. McKee, to excuse him from serving longer as Chairman. The request was granted, and the Committee was continued.

The business of reports of Standing Committees being disposed of, the President announced that it was in order to hear oral communications and discussions on medical subjects.

Dr. O. Hadley submitted some remarks in advocacy of venesection and the administration of iodide of potassium in typhoid fever.

Dr. M. Whitehead gave an account of typhoid fever as it appeared in Salisbury, in the years 1847 and 1852.

The Society was then entertained at length with remarks upon epidemic dysentery, by Drs. C. E. Johnson, J. J. Summerell, H. Kelly, E. R. Gibson, J. B. Dunn, and L. J. Bingham, as it appeared in their respective localities in the year 1854, and the treatment.

The Society adjourned till 3 o'clock, P. M.

WEDNESDAY, 3 o'clock, P. M., May 16th, 1855.

The Society met according to adjournment, the President, Dr. Dickson, in the chair.

The minutes of the previous meeting were read and approved.

The hour having arrived for the delivery of the Annual Address, the Orator, Dr. N. J. Pittman, arose and in the presence of the Society and a large number of ladies and gentlemen, delivered an interesting Address on the subject of "Auscultation and Percussion as a means of Diagnosis."

On motion, it was

Resolved, That the thanks of the Society are due, and are hereby tendered, to Dr. N. J. Pittman, for the interesting Address just delivered, and that he be requested to furnish the Secretary with a copy of the same for publication with the transactions of this meeting. (See Appendix B.)

The Society resumed the discussion of medical subjects, and was entertained for a considerable length of time, by a discussion of several subjects in medicine, of a practical character, in which Drs. J. J. Summerell, C. E. Johnson, J. H. Dickson, A. M. Henderson, Owen Hadley and M. Whitehead, participated.

Dr. M. Whitehead, on behalf of the Rowan County Medical Society, extended an invitation to the members of the State Medical Society, and other physicians in attendance, to partake of a Banquet at the Mansion Hotel, this evening, at 8½ o'clock.

The invitation was accepted.

The Committee on Constitutions and By-Laws submitted the following report, which was accepted.

To the Medical Society of the State of North Carolina:

The Committee on Constitutions and By-Laws of Auxiliary Societies report, that they have examined the Constitution and By-Laws of the Cabarrus County Medical Society, and find that they contain nothing inconsistent with the Constitution and By-Laws of the State Society. They therefore recommend

that the said Society be received as auxiliary to the State Society.

No other business has come before the Committee.

Respectfully submitted,

N. J. PITTMAN,
F. M. HENDERSON,
A. C. McREE. } *Committee.*

SALISBURY, May 16th, 1855.

On motion, the Society adjourned until nine o'clock, A. M., to-morrow.

THURSDAY, 9 o'clock, A. M., May 17th, 1855.

The Society met according to adjournment, the President, Dr. Dickson, in the chair.

The minutes of the previous meeting were read and approved.

The Committee on Nominations made the following report, which was adopted:

The Committee on Nominations submit the following report; and recommend for the various offices in the Society the following named gentlemen:

FOR PRESIDENT:

Dr. Charles E. Johnson, Raleigh.

FOR VICE PRESIDENTS:

Dr. Marcellus Whitehead, Salisbury,
" *E. R. Gibson,* Concord,
" *Johnston B. Jones,* Chapel Hill,
" *O. F. Manson,* Granville.

FOR CORRESPONDING AND RECORDING SECRETARY:

Dr. S. S. Satchwell, New-Hanover County.

FOR TREASURER:

Dr. James B. Dunn, Wake County.

FOR ORATOR.:

Dr. Edward Warren, Chowan County.

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION:

Dr. A. M. Nesbitt, Salisbury,
" *A. C. McRee,* Concord,
" *S. S. Satchwell,* New-Hanover,
" *J. H. Dickson,* Wilmington,
" *P. E. Hines,* Raleigh.

The Committee also recommend that in case any of the above named Delegates find it out of their power to attend upon the meeting of the American Medical Association, that they make it known to the President, who shall have power to fill such vacancies out of the regular members of the society.

Respectfully submitted,

W. H. McKEE,
J. J. SUMMERELL, } *Committee.*
O. HADLEY.

Salisbury, May 16th, 1855.

The Committee on Finance made the following report, which was adopted:

To the Medical Society of the State of North Carolina:

The Committee on Finance submit the following report:

Upon examination of the accounts and vouchers of the Treasurer, they find them to be correct. There has not been funds sufficient to meet the current expenses of the Society during the past year, by twenty-five dollars and eighty-five cents. To meet this deficiency, and to provide means for defraying the expenses of the Society for the present year, your Committee recommend an assessment of three dollars upon each permanent member of the State Society, and upon each Auxiliary Society. They also recommend that the Treasurer be requested to call, at his earliest convenience, upon all delinquents, for the amount of their respective dues, and to call their attention to the third section of the eighth article of our Constitution.

Respectfully submitted,

C. E. JOHNSON,
A. M. NESBITT, } *Committee.*
P. E. HINES,

Salisbury, N. C., May 17th, 1855.

Dr. N. J. Pittman, Delegate from this Society to the last meeting of the American Medical Association, by request, made a verbal report of the proceedings of that body.

Dr. William H. McKee read a paper on cases of Small Pox, Scarlatina, Measles, Pneumonia, and Puerperal Convulsions, occuring in his practice.

On motion of Dr. O. Hadley, Dr. McKee was requested to furnish the Secretary with a copy of the paper for publication with the proceedings of this meeting. (See Appendix C.)

On motion, the Secretary was instructed to have three hundred copies of the proceedings of this meeting published for distribution.

On leaving the chair, Dr. Dickson delivered an interesting Valedictory Address. On motion, he was requested to furnish the Secretary with a copy for publication, with the proceedings. (See Appendix D.)

The President elect, Dr. Charles E. Johnson, of Raleigh, was conducted to the chair by Dr. McKee. He returned his thanks to the Society in an appropriate manner for the honor conferred upon him in his election as President, pledging his hearty devotion to the perpetuity and prosperity of the Society.

On motion of Dr. McKee, the thanks of the Society were tendered to Dr. Dickson for the dignity and impartiality with which he has presided over its deliberations for the last two years.

On motion, the thanks of the Society were tendered the Presidents and Directors of the Rail Roads that extended courtesies to the members in attendance upon this meeting.

On motion, the thanks of the Society were presented to the Committee of Arrangements, and to the Rowan County Medical Society, for the kind hospitalities extended to them during the present meeting.

On motion of Dr. J. B. Dunn, of Wake County, it was resolved that the next annual meeting of the Society be held in the City of Raleigh.

The following gentlemen were appointed the Committee of Arrangements, viz: Drs. W. H. McKee, W. G. Hill, P. E. Hines and E. B. Haywood.

On motion of Dr. McKee, the Society adjourned to meet in the City of Raleigh, at 3 o'clock, P. M., on the second Tuesday in May, 1856.

JAMES H. DICKSON, *President.*

HUGH KELLY, *Secretary pro tem.*

Salisbury, N. C., May 17th, 1855.

NOTE.—The Secretary wishes to be excused for any inaccuracy or omission that may appear in the proceedings, as he was absent and had to arrange them from the manuscript furnished by the Secretary *pro tem.*

APPENDIX.

(A.)

REPORT OF DR. N. J. PITTMAN, ON SURGERY.

The following cases of a surgical character have come under my care since the last Annual Meeting of the Society, and being anxious to see matters of practical value brought before us, I have thought it well to report them:

The *First* was a case of Epithelial Tumor of the lower lip: it had existed about two years; was the size of a hazle-nut, had been painful six months preceding its removal, and, apart from the pain, was the source of much inconvenience.—I made a V incision, removing one-half of the inferior lip; the parts were brought together by means of pins and the twisted suture; union took place by "the first intention," and thus far (twelve months) there seems no tendency to a recurrence. Though patient's mouth is somewhat diminished in size, when the countenance is perfectly quiet we can with difficulty discover that there has ever been any ablation of the parts.—The subject was a gentleman 40 years of age and had enjoyed uniformly good health.

Case II. Vesico-Vaginal Fistula of eight months standing. Jane, a servant girl of 17 years of age, was confined in Nov. 1853, with her first child. The labor was a protracted one, the head of the child remaining impacted in the pelvis for eight or ten hours, through the ignorance of the midwife, to whose management the case had been entrusted. Delivery was finally effected by means of instruments. Patient had incontinence of urine, and an attack of fever, for which I was called to attend her. Upon an examination of the genito-urinary organs I soon discovered the unhappy condition of this unfortunate female. There existed a communication between the vagina and bladder, sufficiently large to admit three of my fingers; the fistulous opening being transverse. I gave her attention some twelve or fourteen days, after which her general health became good. In the operation for the closure of the Fistula, (eight months after delivery as above stated,) I adopted the method of M. Jabert (de Lamballe) as set forth in his Traite des Fistules Vesico-Uterines, Vesico-Vaginal, etc., 1852, which consists in paring the edges of the fistula with the scissors and bistory, and bringing the denuded surfaces together with the interrupted suture; after which free incisions are made in the walls of the vagina to

remove all tension—constant catheterism for several days after the operation. I think this method was first introduced by Roonhuysen, though M. Jabert (de Lamballe) has certainly written more originally and elaborately upon the subject, and practiced more successfully this mode than any one else. I preferred the above method to that of Dr. Marion Simms of New York City, because I was more familiar with it, having seen the operation performed successfully several times by M. Jabert himself. Dr. Simms' operation is beautiful, and has been quite successful; but of the merits of the two methods I will not here speak. Suffice it to say, that that of M. Jabert is more simple, and equally if not more successful.

My case was not entirely successful; but the opening has been reduced to a very insignificant communication, and life has been made tolerable by what has already been done. I purpose operating on this patient again soon, and I feel confident it will be attended with success.

Case III. Lipoma, in the right sub-scapular region, of ten years standing, but had never given patient any mental or bodily uneasiness until some twenty months before its excision. Upon laying the tumor bare, I found it well imbedded in cellular tissue, and having several muscular attachments, extending to the spinous processes of the vertebræ, and interfering much with the motions of the shoulder and right arm. The tumor weighed twenty-two ounces. The subject of this operation was a stout athletic man, 42 years of age. Much of the wound healed by the "first intention," and patient was discharged well in three weeks.—I would here remark that the grand-father of the above subject had a similar tumor in the right sub-scapular region, which grew to an enormous size, and was always regarded as a wen or encysted tumor. Apart from its inconvenience, it caused him no trouble.

Case IV. Polypus Uteri: attachment just within the cervix. —It was removed by pressure and cauterization at one and the same time after the manner of Mr. O'Grady, of Dublin. The great virtue of this method is, that there is no hœmorrhage either during the operation or subsequently. Mr. O'Grady's instrument is a pair of strong forceps with silver blades; in the end of each is a groove or depression, in which is fused the nitrate of silver. "In making pressure you produce profound cauterization on the pedicle or body of the mass, which destroys the vitality of the tissues, and is productive of little or no pain." From my own observation, I can substantiate the truthfulness of the above remark, and would not hesitate to employ this instrument whenever practicable. You are all doubtless well acquainted with the different methods of re-

moving polypi from the various cavities; when the ligature, forceps, (*arrachement,*) or the scalpel is employed, the tumor is often, very often, reproduced. My own experience and observation have been too limited in this matter to discuss with satisfaction the relative merits of these several methods: but the author of the operation here practiced told me, on one occasion, that no plan that had as yet been proposed or practiced for the removal of polypi, would compare at all with this, either as regards the safety of the operation or its ultimate success.

Case V. Epithelial Tumor of the lower lip.

The subject of this was a stout, healthy looking peasant woman, 25 years of age. Some eight or ten months preceding the operation, she discovered "a small blue lump," just within the mouth, when the lips were firmly closed. Six months afterwards it gave her pain, and she was unable to conceal it (from its increased size) without placing the upper lip (with some effort) on the lower, a circumstance not uncommon with her. At this time she had hœmorrhage from the tumor, sometimes profuse, and a sanious discharge, generally offensive.—At the time that she came under my care, the tumor was about the size of a filbert, and would bleed freely from the slightest touch. The patient's general health was suffering a little from this state of things.

In removing the diseased mass, we made a U incision with an ordinary history. The inferior labial artery was soon divided, and, being enlarged, bled freely; it had been the source of the repeated hœmorrhages, from which the patient had suffered. We did not bring the parts together with pins and sutures as in case first, but allowed the wound to fill up with granulations, controlling them by the application of the Nitrate of Silver. The reasons for this course were, the extensive destruction of the integuments and the form of the wound. The cicatrix looks healthy, and as yet ($6\frac{1}{2}$ months) there seems to be no disposition to a recurrence of the disease. I think two members of this woman's family have died with cancer.

Case VI. A slave, 46 years of age, with comminuted fracture of the left Scapula. This was caused by the "lever of a log-waggon" passing over with much force, and striking the patient on the posterior part of the left Scapula, while he was in the rear of the *vehicle* in a stooping posture, and endeavoring to adjust a large log, partially suspended.—I saw the patient on the day after the injury was sustained; found the shoulder much depressed, thrown forward, and very painful; there was much crepitation, and total inability on the pa-

tient's part to move the shoulder. After satisfying myself that there was no displacement of the head of the humerus, and finding Desault's apparatus for fractured clavicle to answer the indications better than any thing else at my command, I applied the bandages. They were removed every fifth or sixth day, and absolute rest enjoined. At the end of six weeks, much to my gratification, I found the man almost perfectly well, and without *any deformity apparent.* He is now daily performing manual labor; (sawing is his regular occupation;) can place the palm of his left hand on the top of his head without difficulty. It has now been five months since the accident occurred, and with the exception of occasional pain, from too much exertion of the left arm and shoulder, the patient seems quite well.

Case VII. Phymosis, a slave aged 2½ years. The operation here practiced was that of M. Guersant, of the Hospital des Enfantes Malades, Paris. Successful.

Case VIII. Lithotomy: subject, a negro boy, aged 12 years. He was "a bad subject," having suffered much from constitutional irritation and neglect. When he came under my care, he had chill and fever, general dropsical effusion of six or eight weeks duration, loss of appetite and diarrhœa. This condition was partially corrected before the operation; but patient's bladder became more diseased, and fearing the consequences of further delay, I extracted the stone, performing the lateral operation, during which nothing unusual occurred. Patient had considerable fever on the 2nd, 3rd, and 4th days, but it yielded to free purgation with calomel, &c., febrifuge mixture and quinine. He passed urine through the incision for five or six days, after which it resumed the natural direction, and the patient improved rapidly under a tonic plan of treatment, and was permitted to leave his bed on the fiftieth day after the operation, since which time he has enjoyed good health, and performs the part assigned him on a farm.

This boy had complained of some trouble in urination for six or eight years; though calculus was never suspected in his case, until his bladder was sounded by myself sometime during the last summer, (June.) The calculus was of the *Mulberry variety,* and weighed a fraction less than two ounces; Mr. Solly, (Surgeon to St. Thomas' Hospital, London,) tells us in a clinical lecture, London Lancet, April, No., p. 300, that "there is no operation in Surgery equal to Lithotomy in the difficulty of its performance, or the uncertainty of its results, from adverse circumstances over which the operator has no control. I express this opinion as the result of thirty-two years observation in this Hospital, from the scat-

tered facts which I have obtained of unsuccestful cases in other institutions, and from the scanty records of private practice." It seems, however, from the various statistics I have examined, that Lithotomy has been much more successfully performed in our own country than elsewhere. Every one has heard of the unparalled success of Professor Dudley, of Kentucky.—Again, nearer home, in the American Journal of the Medical Sciences, for April last, of 24 cases operated on by Dr. Spencer, of Petersburg, Va., there were two deaths only, or one in twelve.

Case IX. Polypus Uteri. This subject was 38 years of age; has had uterine hœmorrhage for sixteen or eighteen months, sometimes so profuse as to compel the patient to occupy her bed for several days. Being unaware of her true condition, she resorted to such means as were at her command to control the discharge; but the repeated failures to procure relief, induced her to seek medical counsel. Upon examination I found a mucous polypus, attached within the cervix uteri, nearly three inches in length, and I was not a little surprised to learn that the patient had never detected anything unnatural within the vagina. I operated at once after the manner described in case IV. It has now been two months since the removal of this tumor, and all seems to be well, though from the patient's anæmic and enfeebled condition, she gave but little promise of restoration to health. The control of her hœmorrhage, ferruginous tonics, and a generous diet have effected much in these two months.

Case X. Hare Lip, (Bec-de-lievre,) simple: Subject, a male child, aged 4 months. I operated in the usual manner, paring the edges, and bringing the parts together by means of pins, and the twisted suture. Union took place by the first intention, and the result has been in every way satisfactory.

In the London Lancet for February last, is the earliest operation on record for a malformation of this kind. The surgeon, Mr. Douglas, of Stratford, operated *two hours* after the birth of the child. The reasons set forth for this "early interference," are, "that infants bear much injury during births without fatal results, and their capability of fasting for the first three days after birth, milk being seldom secreted until then. Mr. D's. case was entirely successful." As union by the first intention is the great desideratum in operations of this kind, we should certainly avail ourselves of the advantages held up by Mr. Douglas.

Case XI. Perinæal Fistula. This patient, a man servant, aged 34, has suffered from this loathsome malady for five years; has been treated by several surgeons, but has never

experienced other than temporary relief. Two months since he came under my care, a perfect wreck, constitutionally; had *six* fistulous openings in the perinæum, three of them communicating with the urethra. He informed me that he had never suffered from gonorrhœa or stricture, but his condition was the result of an extensive abscess in the perinæal region, and that he was not aware of having contused, or in any way injured the parts. I saw him twelve months since for the first time; then advised that he should wear a catheter of the ordinary size, say No. 1, and attend to his general health. He had then intermittent fever and diarrhœa. I think my counsel was not followed, from the wretched condition in which I found him about the 10th March last. Four days since, (8th inst.,) finding the patient's strength and general condition much improved, we operated upon him, introducing a director into the sinuses, and laying them open freely with a bistory: then with a pair of strong scissors, removing as much of the integuments as seemed advisable, at the same time being careful not to wound the perinæal artery. We then introduced a gum-elastic catheter, No. 1, applied lint and the T bandage, and enjoined absolute quietude. Though it was a painful operation, the patient was not subjected to the influence of any anæsthetic agent. On the 9th, the patient was quiet and hopeful. Continued the lint and cold water dressings, touched the parts with the nitrate of silver; catheter not withdrawn; left the patient under the care of a professional friend, Dr. Mabry, of Tarborough. I am not very sanguine of success in this case, though the present promises well. I will report further of the matter at a future meeting.

We have now pending an operation for Hydrocele*: will inject the tunica vaginalis testis with Port wine diluted, one third; sometimes the requisite degree of irritation can be produced by the end of the canula.

I have seen an unusual number of cases of Paronychia during the last autumn, winter and spring, and a number of my professional friends have spoken to me of the great number of cases coming under their observation. I know of nothing that has been peculiar in the treatment. I simply mention the fact of the prevalence of this disorder, as a circumstance worthy the attention of practicing physicians and surgeons.

N. J. PITTMAN, M. D.

Tarborough, N. C., May 1855.

* Since performed with every assurance of success.

[B.]

ADDRESS

OF

N. J. PITTMAN, M. D.,

Delivered before the Medical Society of the State of North Carolina, at its Sixth Annual Meeting, held in Salisbury, N. C., in May, 1855.

Mr. President and Gentlemen of the Society:—

At the last Annual Meeting of the Medical Society of the State, it was your pleasure to appoint me the Orator for this important occasion. It must have been your partiality and not my merit, that induced you to make this selection. I would that it had been entrusted to abler hands; for I sincerely regret my incompetency to perform this duty in a manner I could regard as worthy of the subject that I have chosen for your entertainment. Being unaccustomed to public speaking or the writing of scientific papers, I must ask you to pass with lenient criticism the many imperfections of the address to-day, whilst I endeavour to contribute something to that noble profession to which we have the honor and privilege to belong.

Our subject to-day is, *The value of* AUSCULTATION *and* PERCUSSION *as means of Diagnosis in disease.*

Diagnosis by the physical signs is of very modern date, though we find that Hippocrates speaks of it in the following line; *en prosekon to ous akouase prosta pleura*; and Paul of Ægina, in 1567, in speaking of Aneurism, (*de arteria dilatatione,*) makes a direct allusion to the peculiar sound or aneurismal thrill, as a diagnostic feature. A paragraph in the works of Harvey, 1766, (*de motu cordis,*) proves that the sounds of the heart did not escape the notice of the discoverer of the circulation of the blood; for he says: "*qui sonitum facit, et pulsum quemdam et auscultantibus et tangentibus exhibit.*" Again, in the works of Celius Aurelius, *Acut: Morb:* article, Pleurisy, he says "*gutturis stridor, vel sonitus interius resonans, aut sibilans in ea parte, quæ patitur..*" We also find, in the works of Ambroise Pare, an allusion to Auscultation in the following lines: "*S'ily a de labour on autre humeur continue au thorax, on oit un son comme, d'une bouteille a demi pleine, qui gurgouelle.*" In the works of the ancient

authors on medicine, we find frequent allusion to Percussion; for instance Hippocrates, Areteus, Galen, Actuarius, Paul of Ægina, Ta-g-ault and others: but to Auenbrugger, a German, are we indebted for its introduction, as a reliable means of diagnosis, though after his day, (1765,) it dropped into comparative neglect, until Corvisart revived it in France near the close of the last century. He also taught and practiced Auscultation; for in the third edition of his Essays upon the diseases of the heart, p. 396, he uses the following language: "*entendu des battements en approachant l'orielle de la poitrine.*" But its immense value was at length demonstrated to the world by Lænnec, who, after spending three years in the investigation of its phenomena, published those results which have made his name immortal. His labors gave a new direction and a new impulse to the spirit of investigation. Before Auscultation and Percussion lent their aid to diagnosis, we could do no more than speak generally concerning diseases of the thoracic viscera during the life of the patient. We could affirm generally that inflammatory action was going on, and knowing, from our acquaintance with morbid processes, that it is the tendency of inflammation to produce such and such changes of the structure of an organ, we could anticipate with much accuracy what we should find, when the patient was dead; but Auscultation anticipates the disclosures of morbid anatomy. Mr. Latham, in his valuable little work on subjects connected with Clinical Medicine, tells us, that "by Auscultation, we contemplate a living action going on, and have cognisance of it while it is yet at work. By dissection, we contemplate the ruin as it is left, when all action has ceased; by Auscultation, we not only become acquainted with the remote effects, or ultimate results of morbid action, but often, when the disease is just doing its first rudiments of injury, the secret of its proceedings is betrayed to the ear."

The method of investigation, of which I speak, consists of research into morbid function, and morbid structure, and is based upon the knowledge of healthy function and healthy structure. It is pathology founded upon physiology. It is of the greatest possible importance to study carefully every thing connected with a diseased organ, both its physical and its vital phenomena. Nothing, perhaps, has more tended to impede the progress of Auscultation and Percussion, than the vagueness and diversity; yea, I might say, the repulsiveness of the terms employed by different authors, to indicate their phenomena. The introduction into our language of a plain practical nomenclature of Auscultation is much required, and would be a great boon conferred upon the science.

Mr. Latham, p. 85, tells us, that "Auscultation and Percussion are often spoken of, as if they were different modes of appealing to the same sense; for we gather our information equally from what we *hear*, whether we strike the chest, or apply our ear to it, or use the stethescope." These modes of physical diagnosis may be either immediate or mediate. Auscultation is immediate, when the ungarded ear is placed upon the chest, either bare or protected with a thin covering only, and when, therefore, the vibrations of the elastic parietes are communicated directly to the organ of hearing. It is mediate, when between the ear and parietes is interposed a body which conducts the vibrations of one to the other. Percussion is also immediate or mediate. Some authors prefer immediate, others mediate Auscultation; each mode possesses some advantages, and each is liable, under certain circumstances, to objections; but as I have not the presumption to offer you a regular didactic discourse upon the subject, I should be quite content if I can arouse the attention of my professional brethren of the State generally to the importance of physical diagnosis; not that you discard every other mode of investigation, but use these as auxiliary only, or, rather, as two among many modes of investigating disease.

There are few attainments really valuable, which can be mastered without the expenditure of much time and trouble, and Auscultation and Percussion are certainly not exceptions to this general rule. The chief end of medical science is to ensure to the community the largest amount of health, and in the most successful manner possible, to alleviate suffering and avert the stroke of death. This we can do only by becoming proficient in all that pertains to the scientific physician. "Ours is the labor that physics pain."

Though Auscultation and Percussion are available in diseases generally, it is in diseases of the thoracic viscera, that they are of the greatest value. By them we are enabled to distinguish a pneumonia from a pleurisy, a bronchitis from a phthisis, pulmonary emphysema from chronic bronchial inflammation, pleuritic effusion from hepatization of the lung; sympathetic or functional affections of the heart from organic lesions of this viscus; chlorosis from more serious and intractable disorders; aneurisms from sarcomatous, fibrous or cancerous tumors. By Auscultation and Percussion we are not only enabled to make a reliable diagnosis, but a prognosis of the greatest value to our patients and their friends. In cases in which there is much delirium, (something not uncommon in violent attacks of pneumonia, and typhoid fevers,) and above all, in the infant, or children of such tender years

as to be unable to express themselves intelligibly, a thorough knowledge of the physical signs is of incalculable advantage; for, by these means, we are not only made acquainted with the true pathological lesions, but with their extent and progress.

There is a form of chronic bronchitis, in which all the conceivable signs of phthisis are present, except the Auscultatory; emaciation, hectic fever, cough, and a copious thick yellow globular expectoration; yet the chest sounds well everywhere upon Percussion, and the Auscultatory sounds are purely bronchial, and nothing more, proceeding from the bronchi in their first division, and not beyond them; large, not small crepitation, is widely diffused, and permits the respiratory murmur to be heard everywhere through them. Here the larger bronchi alone are inflamed and filled with a morbid secretion, while the lesser bronchi and the vesicular structure of the lungs are free. "It would be beyond the power of the most sagacious physician upon earth to distinguish this case from one of phthisis, without the help of Auscultation; but, with such help, we not only determine this disease, which is so like phthisis, to be no phthisis at all, but we pronounce it curable."

How often is it that diseases of the throat assimilate consumption, and the emaciated and desponding subject presents him or herself to the accomplished auscultator, who, upon a thorough examination, tells him or her that, though the rational signs may go far to confirm the invalid's apprehensions, yet the physical signs reveal nothing abnormal; the respiratory murmur or vesicular breathing being perfect and natural, and the chest, on Percussion, being resonant and clear throughout. To the gratification of the despondent patient, and to the credit of scientific investigation, the case is pronounced curable, while the happy result proves most conclusively the truthfulness of the prognosis.

Perhaps there are no affections more often mistaken than those of the heart. Chlorosis, or a chloro-anemic condition, often gives rise to much trouble about the heart and head; but by Auscultation we are not only enabled to pronounce this condition of insignificant importance, comparatively, but we can promise relief almost with certainty.

In visceral obstructions, (abdominal,) indigestion, &c., the circulatory system is often disturbed, occasionally producing most distressing symptoms about the heart, head, &c., such as palpitation, tumultuous action, intermittent pulse, vertigo, dimness of sight, confusion of ideas, buzzing or tinkling in the ears, &c. By the physical signs we can often say with much

certainty, that there is no organic lesion of the heart or brain, but it is simply a disease of the blood, which can be remedied by a well regulated course of ferruginous tonics, generous diet, &c.

In organic diseases of the heart, we speak with much certainty of the true pathological condition; and though such may be incurable, (as is admitted by the scientific,) we are enabled, by our knowledge of the nature and extent of the morbid action, to contribute much to the comfort of the individual, and, by appropriate medication and regimen, we can protract a valuable and useful existence.

Auscultation avails much in the diognosis of acute diseases of the heart, endo-carditis, peri-carditis, &c., and the timely abstraction of blood, the prompt administration of sedatives, &c., may not only avert death, but may prevent adhesions, depositions or degenerations, which neither medical skill or time can correct. Not less valuable is it in diseases of the respiratory apparatus of an acute character. How often is it that it becomes necessary to make a diagnosis and a prognosis at the first visit of the physician? There may be many complications of disease, and much obscurity as to the true pathological lesions; the rational signs may reveal nothing upon which reliance may be placed; yet, with a knowledge of the physical signs, we detect many obscure symptoms, and the secret workings of disease, while there is yet "Balm in Gilead." How often is it, that we are consulted relative to a slight cough, erratic pains in the chest, imperfect digestion, and consequent emaciation? From the rational signs, we are induced to suspect the deposition of tuberculous matter; but, upon a minute examination by Auscultation and Percussion, we find all this trouble proceeds from a disorder of the stomach, purely functional, or some derangement of the chylo-poetic viscera, which yields to judicious and well directed treatment, and the desponding patient goes his way rejoicing, filled with fond hopes of returning health. But should the examination reveal the dark side of the picture, and we detect the germ of the destroyer just being deposited, our counsel and admonitions may control the degenerations of structure, and be the means of prolonging the existence of a fellow mortal, who will be ready to exclaim,—This much has science done for me.

I might go on, gentlemen, and draw picture after picture, demonstrating the many advantages of these modes of investigating disease; but one has said: "It cannot be necessary at the present day to insist upon the advantages of Auscultation and Percussion to the practical physician, and to every

legitimate practitioner of the healing art." Their importance may be fairly supposed to be now generally, if not universally, conceded; and I trust the day is not distant, when they will be universally practiced, to the honor of our noble profession, and the benefit of the afflicted of our race.

There are a number of works, and some of them systematic treatises, upon Auscultation and Percussion, that may be studied and consulted with advantage by those desiring to pay more special attention to the subject of which we speak. Among them, "A Clinical Introduction to the Practice of Auscultation, and other modes of Physical Diognosis in diseases of the Lungs and Heart," by H. M. Hughs, of Guy's Hospital, London. "Un Traite Pratique d'Auscultation," par Routh et Royer, of Paris. "Auscultation," by P. M. Latham, M. D., of St. Bartholomew's, London; a nice little work, replete with practical lessons. Again, "Auscultation and Percussion," by Joseph Shoda, of Vienna; the works of M. M. Bouilland and Piorry, of Paris; Dr. Stokes, of Dublin; Fourriet, Chomel and Louis, of France; Williams, of London, and the writings of two or three of our own countrymen, conspicuous among whom is Dr. Gerhard, of Philadelphia.

If, gentlemen, in conclusion, I have suggested one idea of practical importance, or contributed in any way to the investigation of disease, or the elucidation of truth, I shall feel that it is well I have spoken, and contributed my mite, however small or humble, to the cause of medical science. We left our homes for this purpose, that we might the better serve our fellow men. "By meeting our compeers we break the tether of selfishness, and escape from our daily, weekly, yearly round of drudgery and toil, wherein we are likely to form a hard-beaten track of routine practice, barren of food for the mind's growth; we enlarge our range of vision and sources of mental nutriment, by coming in contact with minds, which, having been subjected to somewhat different educational influences, and having looked at the same truths from another point than we occupy, can teach us, even by differing from us, this, if no more: that knowing a thing is much short of knowing all about it, with its influences upon and varied relations to all other knowledge."

[C.]

REPORT OF DR. WM. H. McKEE, ON SMALL POX, SCARLATINA, &c.

MURIATED TINCTURE OF IRON IN CONFLUENT SMALL POX.

Christian, a German, aged 18 years, arrived in an emigrant vessel at New York, on the 12th of May, 1854, and in this place, (Raleigh, N. C.,) on the 30th of the same month. I first saw him on the 31st. He then had high fever, with roseolous efflorescence of the whole surface, small vesicular pustules upon the face and extremities, in the mouth and fauces; tongue swollen and sore; countenance bloated; pain in the head and back; cough with mucuous expectoration; pain in the chest; some nausea, and at night delirious. This was on the third day of the eruption. On the fourth day, at night, he was removed two miles from the city to a house in the woods. He lay out that night in an open wagon, and was exposed to a heavy dew. The next morning he was chilled and much enfeebled; brandy was given, warmth applied, and warm mutton soup ordered for his diet. On the ninth day he was a mass of scales, and exceedingly offensive. By the twelfth the scales began to dry and turn dark, cracked, and the matter exuding through the fissures, as the whole mass was confluent. His tongue was swollen and protruded out of the mouth; eyes closed, and unable to see. From this time the disease gradually run its course. In spite of all precaution, the flies blew his feet, which increased his sufferings until found out. He was discharged on the forty-second day, but was well on the thirtieth.

The treatment was commenced on the third day, by giving a dose of epsom salts, which operated very well. He then took twenty drops of the tincture of muriate of iron, three times a day, in a wine-glass of cold sweetened water. On the sixth day, his bowels being confined, another small dose of salts was administered; and after its action on the bowels, the iron was resumed, but in the increased dose of forty drops. On the eighth day he expressed himself as feeling much better; less pain, and said that since he had been taking the medicine in the larger doses, he felt that it eased him and enabled him to sleep. The iron was continued, forty drops

at a dose, until he recovered; and nothing else administered but a single dose of laudanum, to relieve pain in the bowels. His diet was mutton soup, with rice, milk, tea and coffee, chicken, some brandy and wine when he appeared to be much enfeebled.

A solution of creosote was used to destroy the ovum and vermin, which had been unavoidably deposited in the sores of the lower extremities. This not only destroyed the ovum and vermin, but prevented the flies from further annoying the patient.

During the whole of the treatment, the room was kept open day and night, and a current of air allowed to pass through the house, and the room fumigated with chlorine gas. This was made by adding sulphuric acid to a mixture of chloride of lime and water. At times he complained of the gas as being very oppressive to his lungs. Rosin was kept burning in the yard in front of the door, to correct any offensive odor which might escape from the house.

I was induced to use the tincture of iron in this case, from having used it with so much success in erysipelas. The patient may have recovered without anything, but as his case was a bad one, and he recovered so promptly, I thought it not amiss to mention it here. Neither the pain in the head, nor the delirium, should deter the physician from giving the iron, either in small pox or erysipelas; as I can safely say it is by far the best remedy I have ever used in phlegmonous erysipelas. As no other case occurred, and the nurse and myself—neither having had the small pox, but having been vaccinated in early life—escaped, we may safely attribute the arrest of the disease to the free use of chlorine as a disinfecting agent. If, on further trial, the tincture of muriate of iron should be found to possess as much therapeutical virtue in the treatment of small pox as it does in the management of erysipelas, it will relieve the profession, as well as the community, of some of its terrors.

SPIRITS TURPENTINE IN PUERPERAL CONVULSIONS.

Mrs. S———, a lady aged 23 years, was taken in labor with her third child; previous labors natural and without any difficulty. She entertained no fears at the commencement of labor, but in a short time was seized with convulsions. I saw her in the fourth paroxysm, and bled her freely, and applied the cold douche to the head. The frequent application of the douche, and the repetition of the bleeding several times, all failing to give relief, I attempted to introduce my hand into the womb to turn and deliver the child,

but was unable to do so. The convulsions still continuing, I determined to resort to enemas of spirits turpentine; and had 2 oz. of turpentine with 8 oz. of gruel given by injection. This produced a copious action from the bowels, and after it the convulsions ceased. Labor now seemed to progress slowly. She lay in a stupor, and nothing could be got down her. Fearing a return of the convulsions—three hours having expired since the administration of the first enema—a second was given. This also acted on the bowels, and brought the patient to consciousness, and in half an hour she gave birth to a dead child. She recovered without a bad symptom.

The second case was that of Mrs. A———, with her second child. She lived eight miles off; and when I arrived she had been in active labor for several hours. She was full and plethoric, looking as if she would have an attack of apoplexy at each pain. I bled her freely, and in a short time she was delivered of a large healthy child. The placenta was taken away half an hour after the birth of the infant; there was about the usual amount of hœmorrhage which follows in such cases, and she appeared to be doing well. Two hours after the birth of the child, she was suddenly taken with a convulsion; I opened the vein, and let it bleed nearly a quart; cold was applied to the head, and she rallied again, and expressed herself as feeling much better. At the expiration of three hours I left for home, but was sent for again soon after my arrival. The messenger informed me that the convulsions had returned. I procured a syringe and some turpentine, and returned immediately. On my arrival, I found that she had continued to have one convulsion after another, and was in one when I got there. The cold had been freely applied to the head during the time. A turpentine enema was administered, which operated moderately on the bowels, and gave a temporary relief and suspension to the convulsions. They returned again, and a second enema was given, which produced a large evacuation from the bowels. This action was followed by a cessation of the spasms; but she lay in a state of insensibility for twenty-four hours, and, on coming to her senses, was unconscious of what had transpired, with the exception of the birth of her infant. She also recovered and did well.

The third case is that of Mrs. W———, with her first child. She was about eighteen years of age—very fleshy and plethoric—and was taken in labor at the full time of gestation. A midwife was in attendance; but soon convulsions supervened. A neighboring physician was sent for, who bled her freely, and repeated it several times, as well as cupped

her on the temples and applied cold to the head. The convulsions ceased in about twelve hours, but she lay for three days in a state of stupor; labor ceasing, and she taking nothing, except occasionally a small quantity of water. I saw her on the fourth day, in the condition as described; made an examination per vaginam, and found the os uteri the size of half a dollar; but could not get my hand into the womb. Having no instrument but a syringe, I asked for some turpentine, but could not get any under several miles. While the messenger was gone for the turpentine, I had administered to her, by the bowels, sixty grains of ergot, rubbed up in some water. This operated slightly, but produced no labor pain. Two ounces of turpentine was all I could get; I had it divided, and administered one portion with some gruel, by injection. This operated modeately, and appeared to produce some signs of labor; the remainder was given in half an hour, and operated very freely on the bowels, producing copious dejections. Labor now set in fully, but as the pains would linger, I applied a cold cloth to the abdomen, which increased their force; and in three hours after I first saw her she was delivered naturally of a dead child, which, from all appearances, had been dead for several days. She did not recover as rapidly as the other two cases, but finally got well.

In reporting these three cases to the Society, my object is to show the influence which spirits of turpentine exerts in arresting puerperal convulsions, as well as its power in producing labor when the functions of the uterus are, apparently, suspended. The physiological action I will leave for others to judge for themselves.

DYSENTERY, SCARLET FEVER, MEASLES, PNEUMONIA, &C.

During the past summer, fall, winter and spring, dysentery, scarlet fever, measles, pneumonia, and intermittent fever prevailed more or less in Raleigh and the surrounding country.

Dysentery.—There was nothing different from the usual symptoms of dysentery as described in the books. The treatment most successful in my hands, was the saline and opiate treatment. A seidlitz powder was given as soon as the patient was taken, if convenient; and, after its operation, a full dose of laudanum. If this failed to give relief, and the bloody discharges returned with the griping, the powder was repeated; and, after its action on the bowels, the laudanum was again repeated, as often as the pain and purging seemed to require it. In some instances this treatment failed, but succeeded in

most cases; but, even when it did fail, a combination of equal parts of castor oil, spirits of turpentine and laudanum, given in the dose of thirty drops in a tablespoonful of sweetened water, and repeated after each operation from the bowels, would, in a number of cases, arrest the disease in a short time. Cases occurring among negroes of robust constitution, with a deficiency of bile in their actions, attended with high fever, I used, at the suggestion of Dr. Johnson, in the early stages of the disease, a tablespoonful of castor oil with one grain of tarter emetic, as a purgative and emetic. This, in every case in which I used it, invariably produced emesis, and purged the patient well; relaxed the skin, and the fever gave way. Bile was ejected from the stomach, and passed freely from the bowels. After its action, laudanum was given, according as the pain required its use, to subdue it; and the patient soon recovered, if not allowed to eat solid food, or too much animal broths.

To allay the thirst which attends this disease, I have found that twenty grains of quinine dissolved in some water with tartaric acid, and added to a quart of water which has been boiled and become cold, letting the patient have this for a drink, soon destroys the propensity for water, besides, in many instances, facilitating the cure.

In all the cases of dysentery which I had to contend with, I found that as soon as I could get the liver to acting and bile to be freely passed off, the patients recovered. I used but very little calomel or mercurials of any kind, as they appeared rather to irritate than soothe the disease. In all cases of long standing, the nitrate of silver in grain doses, with opium in from a half to a grain, once in four to six hours, acted promptly in giving relief.

Scarlet Fever and Measles.—So hybrid were they in their appearance in some instances, that it was difficult, in the early stage of the disease, to discriminate between the two; and very often it was only the sequel that developed the real character of each. In some cases the scarlet fever assumed the conjestive type in its initiatory stage, which was more like a chill accompanied with gastric fever. The patient, instead of presenting a scarlet appearance, would be white; labor anxiously for breath, vomit, and in a short time the bowels would become relaxed; purging, cold, clamy perspiration, and soon death would close the scene. But, I am glad to state, but few such cases fell under my observation. I saw some few cases west of the city, of a putrid or malignant character. At the time I was called to see them they had passed through the acute stage of the disease; their

throats were very much swollen; discharging from the ears an offensive matter; countenance anxious, difficult respiration, with a gangrenous odor exhaled with the breath. In all such cases as these, but little could be expected. The treatment which seemed to promise, at times, some success, was a free application of a strong solution of nitrate of silver to the fauces; gargle of creosote in warm camphor tea; hop poultices to the throat, and a blister to the upper part of the chest, and quinine by injection. I saw six such cases; two only recovered, the other four dying on the second day after I saw them. The simple and anginose form of the disease were all treated upon the cooling plan, using, in some instances, the bacon rind as an external application; lard in others, to allay the restlessness. Calomel I think was injurious in all the cases in which I used it. Aperients and quinine, at some stages of the disease, were of use, as well as brandy in the decline of the disease. But in the sequel, when dropsy manifested itself, minute doses of calomel and squills invariably relieved. Most of the cases treated in this manner recovered.

The measles in the spring was much more general, and spared but few; and, in some instances, the same patient had it twice—having had it a few years since. Some cases were followed by bronchial inflammation, and others it left with bad bowels. These requiring an after treatment suited to the indication.

Pneumonia.—The past winter has been the dryest and coldest known for years, and yet pneumonia prevailed to a much more alarming degree than it has for sometime. About the middle of January last, it first appeared as an epidemic. It was not confined to any particular class of citizens, but prevailed generally, attacking in some instances nearly all in a family, and in others only an isolated case. Whether this was, or could be attributed to any local cause or not, I was unable to tell. In many instances the patient would be taken suddenly, and complain of violent pain in the head, which would be followed with stupor, cold extremities, hot head, leaden appearance of the skin; pulse small, quick, 120 to 140; breathing quick and short; bowels as often loose as bound. If nothing was done for the patient at this stage of the attack, he would gradually rouse up in twelve hours, and ofren express himself as feeling much better, and ask for something to eat, and if allowed to do it, would eat a hearty meal; but soon after fever would rise, with delirium, and raving in some instances. Most of the cases which I saw in the country were at this stage of the disease. The treatment

consisted in giving a dose of epsom salts in some warm red pepper tea. This, in a short time, would vomit them freely, unloading the stomach of its contents, and operate several times on the bowels. After the action of the salts, a decoction of seneka and liquorice-root was given, in tablespoonful doses, once in two hours; allowing freely flaxseed tea, acidulated with lemon, as a drink; and equal proportions of oxymel and compound syrup of squills, a teaspoonful given occasionally, to aid expectoration; and at night a dose of morphia to procure sleep. If the pain in the side was very acute, cups were used. The head was only relieved by shaving the top and applying a blister plaster. When this was done, the cerebrical symptoms gave way. Some other cases I treated with quinine and hive syrup, as an alterative and expectorant. But, in every instance, I had to use stimulus at some stage of the disease. I was not under the necessity of using the lancet in a single case; but, on the contrary, I found stimulus to be demanded. If the patients were past the ninth and eleventh day, they invariably recovered. Those that died, generally died on the fifth, sixth, or ninth day of the disease.

Chronic Intermittent Fever.—A number of cases of this character is yearly presented for treatment. The patients informing the physician that they have taken quinine until it will not cure the chills, though it will stop them for a while, but in seven or fourteen days the chills will return. These persons are generally chloro-anemic, with indications of dropsy, and an enlarged spleen. Quinine and the muriated tincture of iron will, in most cases, cure this form of it, if kept up three times a day for two or three weeks, and prevent a return of the disease. Sometimes the stomach will reject this form of administering it, and especially in children. When this is the case, I have found sixty grains of quinine and one hundred and eighty grains of phosphate of iron, well ground together, and divided into thirty-six powders, one of them to be given three times a day to adults, in some syrup or water, until they take them all; and the same to children, regulating the dose agreeably to the age of the child, by far the best remedy I have ever known, in not only arresting or curing the intermittent, but preventing its return.

[D.]

VALEDICTORY ADDRESS OF DR. JAS. H. DICKSON.

In accordance with a precedent, which may now be regarded as an established one, and which I should be very unwilling to be the first to ignore or disregard, I must beg leave to address to you a few words, on retiring from the position assigned me by your kindness.

In the first place I would take occasion to urge upon you the importance of always claiming for our noble profession the high position among the avocations of men to which it is fairly entitled. I do so, because I think it is not difficult to discover quite a prevalent disposition to undervalue our time-honored craft. To whatever cause this may be attributed, it has assuredly received a decided impulse from the persevering industry of modern charlatans—the special men of progress of this progressive age. This class of would-be-reformers, full of their own shallow conceits, look with no small degree of contempt upon that solid body of useful professional knowledge, which has been slowly built up by the patient labor of successive generations of careful observers, upon the safe foundation of experience, corrected and enlarged by experience. They, forsooth, have a theory of their own to maintain. Their mission is to enlighten the age. As we have in all past ages been painfully groping about in the dark, they would charitably come to our relief, affecting to be able to dissipate all the clouds of obscurity which envelope the most difficult of all subjects, and lead us into a new path of investigation, which, in their shallow dogmatism, they boldly assert, conducts with unerring certainty to the goal of truth. These vaunting pretensions have not been without their effect upon a portion of the public, and they have thus succeeded in enlisting in their behalf a class of minds which eagerly embraces any novelty, however absurd in itself, if sufficient ingenuity be exhibited in giving it the appearance of plausibility. Their theory is so simple, so clear, so rational, a few words suffice to make it potent and perfectly plain to intellects which never penetrate beneath the surface of any subject, and the convert immediately becomes a proselyting disciple. I fear, however, notwithstanding their truly arduous labours to enlighten the world, notwithstanding the ponderous volumes which have

issued and continue to issue from the press, we have gained but little of value from their benevolent efforts and are still left to exclaim somewhat disparingly with the Latin poet:

"Felix qui potuit
Rerum cognoscere causas--"

and must content ourselves with the long established method of arriving at reliable results, by the careful observation and laborious collocation and comparison of facts. We need entertain no fears, that the noble edifice, which has been reared by the patient labor of centuries, is in danger of being demolished by the indefatigable assaults of these zealous men of progress, though occasionally aided by the defection and treachery of some of the regular members of the profession. It has always had to contend against such assaults, and yet it still rears its calm and majestic front, serene in its intrinsic dignity, an object of genuine admiration to the truly wise. Embracing within its comprehensive grasp every theory which ingenuity has been able to devise; yet *based upon no theory*, it sustains no shock when a theory is exploded by the torch of truth. Hence it is, that while medical theories have been constantly changing, medical science has been as constantly advancing. If a theory embodies facts, even the fragment of a truth, the truth remains, though the theory be consigned to the tomb of the Capulets.

It is here that we may discern the great conservative element of our profession—were it based on theory it could not outlast the existence of such theory. Here is its inherent strength. Using theory as a means of investigation, it refuses to rest upon anything but fact, while all the mushroom systems which are constantly springing up are as constantly decaying, because the theories upon which they are universally founded are themselves but the baseless fabrics of undisciplined imagination.

We should not, I think, regard these constantly recurring efforts to subvert old established views and systems as an unmixed evil. If they have no other good result they lead to a careful re-examination of old truths and a re-investigation of the inferences which may have been deduced from them; and in the course of such investigation, and in the conflict of opinion which is apt to be engendered, new truth is sometimes elicited, or old truths placed in a new point of view.

The fanciful systems of the would-be reformers, enjoy their day of popularity among the credulous, then disappear and come to be regarded by the curious in such things merely as memorable instances of laborious folly; while if any truth has been brought to light, it is carefully garnered in the great storehouse of facts, and in its very nature is imperishable.

This and every other species of quackery, having its origin in cupidity and deriving its sustenance from credulity, must needs continue to flourish, while the motive which originates and the weakness which sustains it, continue to be characteristics of humanity; and while we must deplore it as a monstrous evil, we should not disdain to profit by any facts which it stumbles upon.—No one, who has truth at heart, would wish to slur over any fact which it presents to us on account of its origin. But let it be fact, and not imagination.

The claims of our profession to a high social position, are, I rejoice to be able to say, recognised almost universally by the intelligent, and perhaps as decidedly in our own State as elsewhere;—but I fear that the high position which it is justly entitled to hold as an *essential element* of every civilized State, is almost lost sight of by the other branches of the body politic. In other countries, and to some extent in our own, it has forced itself, by the ability of its members and the aid of contingent events, into a position of emminence and and influence.

In consequence of the desolating ravages of the fearful epidemics, which have of late years scourged a large portion of the globe, the attention of the governing bodies has, in many countries, been directed to the important subject of public hygeine, and the necessity of sanitary laws and regulations. The high public importance of these subjects had been long, but unavailingly, urged upon their attention by our medical journals, but the sleepy officials—the men of routine—looked with indifference, if not with contempt, upon the representations of the profession, until aroused from their torpor by the dread presence of the pestilence at their very doors. Then it was, and only then, that their eyes were opened to the importance of the medical profession as an essential branch of civil polity. Then it was that they exhibited a willingness to take council of the medical profession—when they discovered that the epidemic, as Horace says of death—

* * * * pulsat æquo pede,
Pauperum tabernas, regumque turres.

Our own State has, thus far, been happily exempt from that terrific pestilence, which, taking its rise in the far east, advanced with unresisted and desolating progress westward, and overleaping all barriers, whether of mountains or oceans, stayed not its progress until it had encircled the earth and distempered its entire atmosphere.

While our hearts should be filled with grateful emotions towards the kind Providence which has kept us safely—while the black wing of the destroying angel was brooding over a

large extent of our land, this exemption should not lull us into the lethergy of a false security, or lead us to the neglect of those sanitary precautions which a sad experience has forced on the attention of other governments, both in America and Europe. In times of public calamity arising from the visitation of fearful epidemics, who but the physician is looked up to, in aid of the public authority, to suggest the means of escaping from or of lessening their destructive progress? What other class of citizens are capable, from their educational training, of meeting the necessities of such emergencies? What other class of citizens is there, which can inspire the panic-stricken with confidence or the despairing with hope? And, I may I not add, what other class have exhibited more abnegation of self or heroic devotedness to the great cause of humanity in its most trying hours? If proof were needed, I might point to a long list of professional martyrs, who have exhibited the calmest courage amid scenes which have paled the cheek of the soldier, and have not flinched from the discharge of duty at the risk of life. We must remark, too, that they were not influenced by the ordinary motives which influence the soldier in the exhibition of noble daring in the field of battle. There are no applauding thousands to witness their deeds of heroic daring—to shout in their ears the grateful sound of many-voiced applause—they are not surrounded by the pomp and circumstance of glorious war—no laurel decorates their brow—no monument is raised to perpetuate their fame. After spending their lives in the the daily performance of deeds which might well put the philanthropy of a Howard to the blush, they descend to the tomb unheralded by the world's applause. The world has other matters to attend to, other schemes to plan and accomplish, and the memory of its humble, unpretending benefactors passes away with the passing hour. This is no fancy picture, gentlemen. Its literal counterpart was enacted in the year that has past, on our very borders, in the cities of Savannah, Charleston and Augusta, and must be fresh in the recollection of us all. If the world chooses to ignore such devotion to the great cause of humanity, let us the more fervently cherish the recollection of their virtues, and firmly resolve to imitate their noble example by a like devotion to duty, should circumstances unfortunately devolve upon us the task.

A learned lawyer, in his great zeal for the honor of his profession, traces its origin to the bosom of the Deity, in view of his great attribute of justice. May we not, with quite as pardonable a degree of enthusiasm, be permitted to trace ours to the same exalted source, in view of his equally great attribute

of compassion? Certainly, I think, with as much correctness. For although in its daily application in the business of life it is sadly stained with selfishness, and partakes largely of the imperfection which attaches to everything human, it furnishes abundant opportunity for the practice of that heaven-descended virtue.

It is, however, not merely as useful councilors in advising and procuring the enactment of sanitary laws and regulations that the public importance of our profession is exhibited. In the ordinary administration of justice by our criminal tribunals, the aid of the physician is frequently, if not indispensable, of the highest value. In prosecutions involving the lives and characters of individuals, medical testimony may be decisive of the issue. I would not claim for medical testimony in criminal cases a higher degree of value than it is fairly entitled to. It is true that generally in such cases it can only be corroboratory, but it may furnish precisely that degree of corroboration which is requisite to establish the guilt or innocence of the party accused. The knife of the anatomist traces with unerring certainty the course of the fatal implement of death which may have sped from the hands of the murderer, or the tests and the crucible of the skillful chemist reveal to the astonished gaze of the secret poisoner the identical poison which he had stealthily and with every possible precaution administered to his unpitied victim.

In further estimating the importance of the medical profession, as a necessary element of every civilized state, we must not keep out of view the important services which it renders in time of war. When armies take the field and embattled hosts are contending in deadly strife, they require not merely the aid of the surgeon to relieve the sufferings of the wounded, but the strict enforcement of such sanitary regulations as may be necessary to prevent the occurrence of epidemic diseases, which are apt to be engendered by the assemblage of large bodies of men together. The English government are now reaping the fruits of their want of a proper appreciation of the value of the medical department of her armies in the disastrous results of the Crimean campaign. The Walcharen expedition, which until recently had been regarded as the *ne plus ultra* of disaster from disease, must now hide its diminished head, and the Crimea will hereafter be pointed to as being without a rival in that particular. It seems, indeed, to have been part of the policy of that government to look with contemptuous indifference upon the medical department of her army and navy. In the last number of the Lancet, I find it stated that, the arbitrary and unjust treatment to which

assistant surgeons of the navy have been subjected, has resulted in the occurrence of vacancies in most of the ships destined for the Baltic. In the abscence of such competent officers, their lordships of the admiralty propose to place the lives and limbs of the gallant sailors in the care of junior medical students. I rejoice that a becoming spirit has been exhibited on this occasion by the navy surgeons of England —that they insist upon having a proper rank and appropriate rewards. Hitherto, members of the profession in that country —no matter what their merits—no matter how long or meritorious their services—no matter what public benefits have been conferred on the country by them, have never yet met with any distinguished mark of approbation by the government. Coronets are bestowed upon successful generals or statesmen, but the claims of a Jenner to any mark of distinction have never even been thought of. It is true that a baronetcy was conferred upon Sir Astley Cooper, Sir Henry Halford, and a few others; not, however, as a govermental reward for distinguished eminence, but from the accidental circumstance of their being surgeon or physician of the reigning monarch.

Something of a like spirit had crept into our navy, and the medical officers of that arm of public service very properly remonstrated, and I rejoice to be able to say that the memorial addressed in their behalf by the American Medical Association to Congress has been promptly and properly responded to.

These considerations must render quite apparent the great importance of a well informed and highly educated class of medical practitioners, and should induce our legislative bodies to do everything in their power to foster and sustain such a class.

In conclusion, gentlemen, I must take occasion to urge upon this Society the necessity of greater personal exertion among its members to give position and character to it. Each individual composing it should endeavor, in emulation of a very humble exemplar in industry:—

"Ore trahere quodcunque potest,
Ac addere acervo."

Without the contribution of such useful observations and carefully noted facts as may occur in the practice of individual members, our Society will acquire no distinction, confer no benefit upon its members or on the public, and will, I fear, become a mere *caput mortuum* on the highway, ready to be kicked contemptuously into the ditch by any passer by. Your exertions can, and I hope will be successful in preserving it from so ignominious a fate.

CATALOGUE

*Of the Officers, Permanent and Honorary Members of the Medical Society of the State of North Carolina.—Their Residence and years of admission are given.—Those who have removed from the State are marked thus * :*

OFFICERS FOR 1849–'50.

PRESIDENT:

Edmund Strudwick, M. D.,.....Hillsboro'.

VICE PRESIDENTS:

Fabius J. Haywood, M. D.,.....Raleigh,
Charles E. Johnson, M. D.,..... do.
James E. Williamson, M. D.,.....Caswell county,
William G. Thomas, M. D.,.....Wilmington.

SECRETARY:

William H. McKee, M. D.,.....Raleigh.

TREASURER:

William G. Hill, M. D.,.....Raleigh.

OFFICERS FOR 1850–'51.

PRESIDENT:

Edmund Strudwick, M. D.,.....Hillsboro'.

VICE PRESIDENTS:

Fabius J. Haywood, M. D.,.....Raleigh,
Charles E. Johnson, M. D.,.....Raleigh,
James E. Williamson, M. D.,.....Caswell county,
William G. Thomas, M. D.,.....Wilmington.

TREASURER:

R. B. Haywood, M. D.,.....Raleigh.

OFFICERS FOR 1851–'52.

PRESIDENT:

James E. Williamson, M. D.,.....Caswell county.

VICE PRESIDENTS:

Thomas N. Cameron, M. D.,.....Cumberland co.,
William G. Hill, M. D.,.....Wake county,
Johnston B. Jones, M. D.,.....Orange county,
Newsom J. Pittman, M. D.,.....Edgecombe co.

SECRETARY:

E. B. Haywood, M. D.,.....Wake county.

TREASURER:

J. J. W. Tucker, M. D.,.....Wake county.

OFFICERS FOR 1852–'53.

PRESIDENT:

James E. Williamson, M. D.,.....Caswell county.

VICE PRESIDENTS:

Wm. G. Hill, M. D.,.....Raleigh,
Johnston B. Jones, M. D.,.....Orange county.
John G. B. Myers, M. D.,.....Washington,
Newsom J. Pittman, M. D.,.....Edgecombe county.

SECRETARY:

William W. Harriss, M. D.,.....Wilmington.

TREASURER:

Daniel DuPre, M. D.,.....Wilmington.

OFFICERS FOR 1853–'54.

PRESIDENT:

James H. Dickson, M. D.,.....Wilmington.

VICE PRESIDENTS:

Newsom J. Pittman, M. D.,.....Edgecombe county,
John G. B. Myers, M. D.,.....Washington,
J. Graham Tull, M. D.,.....Newbern,
A. D. McLean, M. D.,.....Robeson county.

SECRETARY:

S. S. Satchwell, M. D.,.....New Hanover co.

TREASURER:

Daniel DuPre, M. D.,.....Wilmington.

OFFICERS FOR 1854–'55.

PRESIDENT:

James H. Dickson, M. D.,.....Wilmington.

VICE PRESIDENTS:

J. Graham Tull, M. D.,.....Newbern,
A. D. McLean, M. D.,.....Robeson county,

Owen Hadley, M. D., ... Richmond county,
Hugh Kelly, M. D., ... Rowan county.

SECRETARY:

S. S. Satchwell, M. D., ... New Hanover co.

TREASURER:

James B. Dunn, M. D., ... Wake county.

OFFICERS FOR 1855–'56.

PRESIDENT:

Charles E. Johnson, M. D., ... Raleigh.

VICE PRESIDENTS:

Marcellus Whitehead, M. D., ... Salisbury,
E. R. Gibson, M. D., ... Concord,
Johnston B. Jones, M. D., ... Chapel Hill,
O. F. Manson, M. D., ... Granville.

SECRETARY:

S. S. Satchwell, M. D., ... New Hanover co.

TREASURER:

James B. Dunn, M. D., ... Wake county.

PERMANENT MEMBERS.*

NAMES.	POST OFFICES.	WHEN ADMITTED
Dr. Edmund Strudwick,.....	Hillsboro',.....	1850
" James E. Williamson,....	Locust Hill, Caswell co.,.	"
" W. H. McKee,.....	Raleigh, ...	"
" W. G. Hill,.....	Raleigh, ...	"
" N. J. Pittman,.....	Tarboro', Edgecombe co.	"
" T. H. Turner,.....	Hillsboro',.....	"
" W. A. Norwood,.....	Hillsboro',.....	"
" O. Hooker,.....	Hillsboro',.....	"
" S. S. Satchwell,.....	L. Creek, N. Hanover co,.	"
" John R. Mercer,.....	Edgecombe county,.....	"
" P. T. Henry,.....	Windsor, Bertie county,.	"
" J. B. Jones,.....	Chapel Hill, Orange co.,.	"
" J. Q. Anderson,.....	Caswell county,.....	"
" C. F. Dewey,.....	Goldsboro',.....	"
" P. P. Peace,.....	Granville county,.....	"
" E. Burke Haywood, ...	Raleigh,.....	"
" J. R. Thompson,.....	Smithfield,.....	"
" R. B. Haywood,.....	Raleigh,.....	"
" L. A. Jeffreys,.....	Franklinton,.....	"
" C. E. Johnson,.....	Raleigh,.....	"
" J. Marcellus Taylor,.....	Stanhope, Nash county,.	"
" William M. Broocks,.....	Milton,.....	"
" James F. McRee, Jr.,....	Wilmington,.....	"
" J. G. B. Myers,.....	Washington,.....	"
" Henry Seawell,.....	Eagle Rock, Wake co.,..	"
" James B. Dunn,.....	Forestville, Wake co.,...	"
" William G. Thomas,.....	Wilmington,.....	"
" John T. Hicks,.....	Fish Dam, Wake county,	1851
" E. H. Crudup,.....	Louisburg, Franklin co.,.	"
" J. B. Mann,.....	Franklin,.....	"
" John L. Meares,.....	Wilmington,.....	"
" B. C. Watson,*.....	Edgecombe county,.....	"
" J. J. W. Tucker,.....	Raleigh,.....	"
" James A. McRae,.....	Fayetteville,.....	"
" L. D. Schoolfield,.....	Hillsboro',.....	"
" Joel D. Battle,.....	Everettsville, Wayne co.,	"
" John M. Johnston,.....	Yanceyville,.....	1852
" James P. Bryan,.....	Greenville,.....	"
" A. B. Pierce,.....	Halifax,.....	"

* The names of the Permanent Members are given in the order in which they have signed the Constitution and By-Laws.

NAMES.	POST OFFICES.	ADMITTED WHEN
Dr. A. D. Moore,	Chapel Hill,	1852
" J. Graham Tull,	Newbern,	"
" H. W. Faison,	Duplin county,	"
" E. F. Shaw,	Sampson county,	"
" Robert H. Tate,	S. Washington, N. H. co.	"
" Allmand Holmes,	Sampson county,	"
" Thomas J. Boykin,	Clinton, Sampson co.,	"
" L. Frink,	Shallotte, Brunswick co.,	"
" Elias K. Faison,	Duplin county,	"
" B. F. Whitaker,	Enfield, Halifax co.,	"
" Daniel DuPre,	Wilmington,	"
" John Swann,	Salisbury,	"
" Samuel J. Iredell,	Raleigh,	"
" J. W. Hutchings,	Murfreesboro',	"
" W. L. Long,	Weldon,	"
" Henry Joyner,	Halifax,	"
" Owen Hadley,	Powelton, Richmond,	"
" William H. Moore,	Goldsboro',	"
" W. W. Harriss,	Wilmington,	"
" Thomas Woodley,	Kinston,	"
" James H. Dickson,	Wilmington,	"
" E. A. Anderson,	Wilmington,	"
" D. B. Gillespie,	Westbrook, Bladen,	"
" Louis L. Holmes,	Goldston, Chatham,	1853
" A. D. McLean,	Robeson county,	"
" H. F. Murphy,	Duplin county,	"
" G. W. Blacknall,	Henderson Depot,	"
" C. T. Murphy,	Taylor's Bridge, Sampson	"
" C. C. Covington,	Rockingham, Richmond,	"
" John M. K. Alford,	Alfordsville, Robeson co.,	"
" A. M. McKinnon,	Floral College,	"
" H. H. Robinson,	Elizabethtown,	"
" Robert Monroe,	Cumberland county,	"
" B. C. Williams,	Cumberland county,	"
" Baker W. Mabry,	Tarboro', Edgecombe co.,	1854
" Francis M. Garrett,	Falkland, Pitt county,	"
" J. T. Leach,	Leachburg,	"
" O. F. Manson,	Granville county,	"
" G. M. Cooley,	Raleigh,	"
" Edward Warren,	Edenton,	"
" Hugh Kelly,	Gold Hill, Rowan co.,	"
" M. M. Murray,	Middleton, Hyde county,	"

NAMES.	POST OFFICES.	WHEN ADMITTED
Dr. John F. Tompkins,	Raleigh,	1854
" Thomas L. Banks,	Wake county,	"
" E. R. Gibson,	Cabarrus county,	1855
" A. C. McRee,	Cabarrus county,	"
" F. M. Henderson,	Cabarrus county,	"
" A. M. Nesbitt,	Rowan county,	"
" J. J. Summerell,	Rowan county,	"
" J. G. Ramsay,	Rowan county,	"
" Peter E. Hines,	Wake county,	"
" A. Long,	Rowan county,	"
" A. M. Henderson,	Rowan county,	"
" M. Whitehead,	Rowan county,	"
" Edward Sill,	Rowan county,	"
" Robert F. Hacket,	Wilkesboro',	"
" L. J. Bingham,		"

HONORARY MEMBERS.

Dr. James F. McRee, Sr.,	Wilmington,	1850
" James Webb,	Hillsboro',	"
" F. J. Hill,	Wilmington,	"
" A. J. DeRosset,	Wilmington,	"
" James Norcom,*	Edenton,	"
" Simmons J. Baker,	Raleigh,	"
" Edward T. Broadnax,	Leaksville,	"
" Benjamin Robinson,	Fayetteville,	"
" William C. Warren,	Edenton,	1851
" Joseph Togno,*	Wilmington,	1852
" John T. Boyd,	Newbern,	"
" J. H. Hill,	Wilmington,	"
" James J. Phillips,	Edgecombe county,	1553
" S. McClanahan,	Chatham county,	"
" J. D. Bellamy,	Wilmington,	"
" Alexander Long,	Rowan county,	1855
" A. M. Henderson,	Rowan county,	"
" E. Sill,	Rowan county,	"